



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Watershed Management

W 040658
Transmittal Number

BRP WM 08A NPDES Stormwater General Permit
Notice of Intent for Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s)

Facility ID (if known)

A. Instructions

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Submission of this Notice of Intent constitutes notice that the entity named at item B1. of this form intends to be authorized by the DEP General Permit issued jointly with EPA for stormwater discharges from the small municipal separate storm sewer system (MS4), in the location identified at item B2. of this form. Submission of the Notice of Intent also constitutes notice that the party identified at item B1. has read, understands and meets the eligibility conditions of Part I.B. of the NPDES Small MS4 General Permit, agrees to comply with all applicable terms and conditions of the NPDES Small MS4 General Permit, and understands that continued authorization to discharge is contingent on maintaining eligibility for coverage. **In order to be granted coverage, all information required on BRP WM 08A, including the Stormwater Management Program Summary and Time Frames form, must be completed. Please read the permit and make sure you comply with all requirements, including the requirement to develop and implement a stormwater management program.**

B. Applicant Information



1. Small MS4 Operator/Owner Information:

Massachusetts Turnpike Authority
Name
668 South Avenue
Mailing Address
Weston MA 02193
City/Town State
781-461-5020
Telephone Number Email (if available)

2. Municipality Name

See Section 1.2 of this Application for a comprehensive list of communities.
City/Town

3. Legal Status:

Federal City/Town State Tribal Private

Other public entity: _____
Specify Public Entity

4. Other regulated MS4(s) within municipal boundaries:

Unknown

5. Based on the instructions provided in Part I of the NPDES Small MS4 General Permit, have the eligibility criteria for "listed species" and critical habitat been met?

yes pending no

JUL 31 2003
MUNICIPAL ASSISTANCE UNIT

INDIC



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D. Stormwater Management Program Summary

1. Public Education:

<u>1A</u>		
BMP ID #		
Educational Displays	Massachusetts Turnpike Authority	One Display in municipal building per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1B</u>		
BMP ID #		
Massachusetts Turnpike Authority Website	Massachusetts Turnpike Authority	Two stormwater information postings per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>1C</u>		
BMP ID #		
Informational Pamphlets	Massachusetts Turnpike Authority	One per year, Years 1, 3, and 5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

2. Public Participation:

<u>2A</u>		
BMP ID #		
Trash Pick-up	Massachusetts Turnpike Authority	MTA employees and support labor for trash pick-up, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>2B</u>		
BMP ID #		
Storm Drain Stenciling	Massachusetts Turnpike Authority	Massachusetts Turnpike Employees stenciling catch basins located at service areas, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

3. Illicit Discharge Detection and Elimination:

<u>3A</u>		
BMP ID #		
Mapping Stormwater Outfalls	Massachusetts Turnpike Authority	Develop map of stormwater outfalls, Year 1. Field inspect / verify 25%, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

<u>3B</u> BMP ID #		
Non-Stormwater Discharge Program	Massachusetts Turnpike Authority	Evaluate existing regulations, Year 1. Draft ordinance Year 2. Propose for adoption Year 3. Enforce Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3C</u> BMP ID #		
Develop Illicit Discharge Plan	Massachusetts Turnpike Authority	Evaluate Year 2. Draft plan and propose for adoption Year 3. Implement Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>3D</u> BMP ID #		
Video Inspection	Massachusetts Turnpike Authority	Inspect storm drain pipes as needed to follow up on #3B detection program, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
4. Construction Site Runoff Control:		
<u>4A</u> BMP ID #		
Construction Runoff Plan	Massachusetts Turnpike Authority	Evaluate existing regulations Year 1. Draft revisions Year 2. Propose for adoption by Year 3. Enforce Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>4B</u> BMP ID #		
Construction Plan Review	Massachusetts Turnpike Authority	Enforcement under existing Town regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
5. Post Construction Runoff Control:		
<u>5A</u> BMP ID #		
Post Construction Runoff Program	Massachusetts Turnpike Authority	Evaluate current regulations Year 1. Draft amendments Year 2. Propose for adoption Year 3. Enforce Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>5B</u> BMP ID #		
Site Plan Review	Massachusetts Turnpike Authority	Enforcement under existing Town regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>5C</u> BMP ID #		
Stormwater System Maintenance Plan	Massachusetts Turnpike Authority	Enforcement under existing Town regulations, Year 1 and 2. Enforcement under adopted ordinance, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

D. Stormwater Management Program Summary (Cont.)

6. Good Housekeeping:

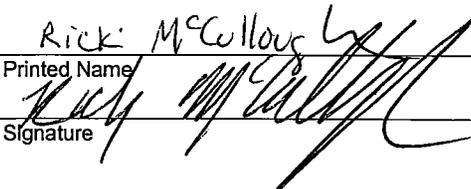
<u>6A</u> BMP ID #		
Training of Employees	Massachusetts Turnpike Authority	Initial Good Housekeeping training, Year 2. Annual refresher, Year 3-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6B</u> BMP ID #		
Catch Basin Cleaning Program	Massachusetts Turnpike Authority	Develop program and priority areas, Year 1. Comply, Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6C</u> BMP ID #		
Street Sweeping	Massachusetts Turnpike Authority	Sweep streets once per year, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6D</u> BMP ID #		
Pest Control / Landscaping and Lawn Care	Massachusetts Turnpike Authority	Evaluate use of toxics, Year 1. Contracts with licensed applicators, Year 1-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal
<u>6E</u> BMP ID #		
Stormwater Pollution Prevention Plan / MSGP	Massachusetts Turnpike Authority	Implementation of SWPPP Year 1. Comply Year 2-5.
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

7. BMPs for Meeting TMDL:

<u>7A</u> BMP ID #		
Refer to the last Section of each Appendice	Massachusetts Turnpike Authority	
Specify Best Management Practice	Responsible Dept./Person Name	Specify Measurable Goal

E. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Rick McCollough
 Printed Name _____
 Signature  _____
 Date 7/30/03